

947

PLACE OF BIRTH
County of Yila BUREAU OF VITAL STATISTICS State Index No. 153
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 371
Town of _____ Local Registrar's No. _____
or _____
City of _____ (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD _____ { Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive NO

Sex of Child <u>M</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>12</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug 15 22</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>J P Morgan</u>			Full Maiden Name <u>Richard Morgan</u>		
Residence <u>Ariz Globe</u>			Residence <u>Globe</u>		
Color or Race <u>Indian</u>			Color or Race <u>Indian</u>		
Age at last Birthday <u>41</u> (Years)			Age at last Birthday <u>22</u> (Years)		
Birthplace <u>Ariz</u>			Birthplace <u>Ariz</u>		
Occupation <u>machinery helper</u>			Occupation <u>Squaw</u>		
Number of Child of this mother <u>3</u>		Number of children of this mother now living <u>3</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on Aug 15 1922, at 12 M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) P. D. McQuay
(Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 192 _____

Address _____

Filed 8/18 1922 B. G. J. ay LOCAL REGISTRAR.

Filed 9/15 1922 A True Copy B. G. J. ay COUNTY REGISTRAR.

045-815-700 COUNTY REGISTRAR.